

[for a child born in Wisconsin who is less than 365 days of age (1 year) at the time this request is filed in the State Office of Vital Records]

- You can only use this form **once** to change any part of your child's name. The second change, **including changing the name back to the original name**, requires a court order or a paternity action.
- You must send the form with ORIGINAL signatures. (You cannot send a photocopy of the signed form.)
- You can only sign this form if your parental rights have not been terminated. (Guardians cannot use this form.)
 - **If there are** two parents listed on the birth certificate, **both parents must sign this form.**
 - If you are the only parent listed on the birth certificate, **you still must have your child's other parent sign this form if any parental rights action has been started. is now in progress or has been completed.**

CHILD'S NAME AT BIRTH: _____

First	Full Middle	Last	Title (i.e. Jr., II, III, etc.)

CHILD'S DATE OF BIRTH: _____ **CHILD'S COUNTY OF BIRTH** _____
 Month / Day / Year

Change the name of my child from the name listed above to: (Print clearly or type the name as you want it to appear on the birth certificate.)

First	Full Middle	Last	Title
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EACH PARENT WHO SIGNS THIS AFFIDAVIT MUST SIGN IN BLACK INK IN THE PRESENCE OF A NOTARY PUBLIC.

PENALTIES: Any person who willfully and knowingly supplies any false information to be used in the preparation of or the amendment of a birth certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than three years and six months or both per Chapter 69.24 (1), Wis.Stats].

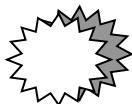
(Check one box.)

- ☐ I attest that I am named as a parent on the child's birth certificate, that my parental rights have not been terminated and that **the other parent's signature is required for the name change.**
- ☐ I attest that I am the parent of the child, that my parental rights have not been terminated; that **NO other parent is named on the child's birth certificate; that I have sole legal custody; and, that no parental rights actions have been started, are in progress or completed. My child's other parent does not have to sign this form.**

(Check one box.)

- ☐ I attest that I am named as a parent on the child's birth certificate and that my parental rights have not been terminated.
- ☐ I attest that I am the child's parent, that I am not named as the child's parent on the birth certificate, but that I am required to sign this form because a parental rights action has been filed for this child.

SIGNATURE - Parent _____ Date Signed (Month/Day/Year) _____



CERTIFICATE OF NOTARY PUBLIC
NOTARY SEAL

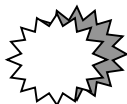
Subscribed and sworn before me this _____ day of _____

_____, _____
Month Year

SIGNATURE - Notary

My Commission expires _____.

SIGNATURE - Parent _____ Date Signed (Month/Day/Year) _____



CERTIFICATE OF NOTARY PUBLIC
NOTARY SEAL

Subscribed and sworn before me this _____ day of _____

_____, _____
Month Year

SIGNATURE - Notary

My Commission expires _____

- You will **not** be notified when the change is made, unless you order certified copies of the birth certificate.
- If you want to purchase a copy of the birth certificate, please submit a check or money order of \$12.00 for a single copy and, if additional copies are ordered at the same time as the first copy, \$3.00 for each additional copy. Make check or money order payable to: **STATE OF WIS. VITAL RECORDS.**
- Send this completed form; a check or money order; and, a self-addressed, business-size, stamped envelope to: **VITAL RECORDS, P.O. BOX 309, MADISON, WI 53701-0309.**
- If you have questions about this form, please call: **(608) 267-7816.**

NAME - Contact Person _____ Daytime Phone () _____

MAILING ADDRESS - Contact Person

If your child has already been assigned a social security number, you will need to notify your local Social Security Office of this change.

RETAIN A PHOTOCOPY OF THIS FORM FOR DOCUMENTING THIS CHANGE WITH THE SOCIAL SECURITY ADMINISTRATION.